# Candida auris

# **Infection Prevention in Acute Care and Long-Term Acute Care Facilities**

To stop the spread of *Candida auris* (*C. auris*) in your facility, VDH recommends employing the following infection prevention strategies from the CDC.

### 1. Hand Hygiene

- Promote, monitor, and provide feedback on hand hygiene.
- Ensure supplies necessary for adherence to hand hygiene are accessible in patient care areas.
- Educate visitors.

#### 2. Contact Precautions

- Place all C. auris colonized or infected patients on contact precautions.
- Consider preemptive contact precautions on patients admitted after recent hospitalization (within 6 – 12 months) in a country outside the U.S. or in patients transferred from facilities known to have outbreaks or clusters of *C. auris* colonized or infected patients.
- Monitor and provide feedback on adherence to proper contact precaution practices.
- CDC does not recommend discontinuing contact precautions in most situations.

#### 3. Healthcare Personnel (HCP) and Visitor Education

- HCP and visitors should be educated about preventing transmission of C. auris.
- At a minimum this should include education and training on the proper use of contact precautions including donning and doffing of personal protective equipement (PPE), and hand hygiene.
- Post clear and concise isolation signs on the door.

#### 4. Minimize Use of Invasive Devices

 Devices should be discontinued promptly when no longer needed.

#### 5. Timely Notification

 Laboratories should ensure they have timely notification protocols in place to alert appropriate healthcare personnel of a positive *C. auris* specimen.

# 6. Communication of *C. auris* Status at Discharge and Transfer

 If a patient with *C. auris* infection/colonization is transferred to another facility, ensure that *C. auris* information is shared with accepting facility.

### 7. Promotion of Antimicrobial Stewardship

- Ensure that antimicrobials are used for appropriate durations and that the appropriate narrowest spectrum antimicrobial is used.
- CDC has identified core elements for successful <u>hospital</u> antimicrobial stewardship programs.

#### 8. Environmental Cleaning

- Only products from <u>List K</u> or have an EPA registered claim effective against *C. auris* should be used.
- Thorough daily and terminal cleaning of rooms and shared equipment is necessary including areas where therapy is received.
- Dedicate non-critical patient-care equipment (e.g., stethoscope) to the isolated patient, if feasible.
- Intensify training of environmental staff and monitor their cleaning practices.

#### 9. Patient and Staff Cohorting

- Place all C. auris colonized or infected patients in single-patient rooms when possible.
- Cohort colonized or infected patients and the staff that care for them even if patients are in single rooms.
- Reserve single rooms for patients with highest risk of transmission.

## 10. Screening Contacts of *C. auris* Patients

- Screen patients with epidemiologic links to newly-identified C. auris colonized or infected patients.
- Contact your <u>local health department</u> for information about colonization screening for *C. auris*.

#### 11. Active Surveillance Testing

- Screen high-risk patients at admission.
- Contact your <u>local health department</u> for information about colonization screening for *C. auris*.

#### Resources

- CDC Candida auris Infection Prevention Recommendations: <a href="https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html">https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html</a>
- EPA-registered Products Effective Against C. difficile (List K): <a href="https://www.epa.gov/sites/production/files/2018-01/documents/2018.10.01.listk">https://www.epa.gov/sites/production/files/2018-01/documents/2018.10.01.listk</a> .pdf
- CDC MDRO Containment Strategy for Novel or Targeted MDROs: https://www.cdc.gov/hai/containment/guidelines.html



# Candida auris Infection Prevention in Acute Care and Long-Term Acute Care Facilities

Intensity of infection prevention measures is based on *C. auris* resistance (pan-resistant or not-pan-resistant), patient's clinical status, and factors that increase risk of transmission to other patients in the facility. General guidance is listed below.

# **Table 1. Infection Prevention Recommendations**

Infection Prevention Measure	Pan-resistant		Not pan-resistant	
	Infected	Colonized	Infected	Colonized
Standard Precautions	Yes	Yes	Yes	Yes
Contact Precautions	Yes	Yes	Yes	Yes
Private Room	Yes	Yes	Yes	Yes
Restricted to Room*	Yes	Yes	Yes	Yes
Door signage	Yes	Yes	Yes	Yes
Designated or disposable equipment	Yes	Yes	Yes	Yes

<sup>\*</sup>Except for medically necessary care

